MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11582

11584 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2918 Manns Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Bertha (Last) Brandt
4. DATE OF DEATH: (Month) (Day) (Year) December 27th 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 16, 1865
9. AGE last birthday 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Feist
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Norman Mann, 2918 Manns Avenue #14

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 4 2 2.1 (A) Cardio vascular Disease with

ANTECEDENT CAUSE (S) DUE TO general arteriosclerosis and myocardial

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) insufficiency 8 year

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1954 to 12-27, 1954 that I last saw the deceased alive on 12-27, 1954, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Robert B Taylor M. D. ADDRESS Ellicott City, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/29/'54
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-29-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14 ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Dr. Taylor
Columbia Pike

700 Cathedral St.

891 - Eldridge 1190 -

11585 Film 9175 12-27-54 et

11583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

11585 Film 9175 12-27-54 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Howard MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Trotter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clarksville

STREET ADDRESS (If rural, give location) Trotter Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUGH	HOLLAND	CLARK	12-18-54 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	10-8-1901	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auditor	World Telephone Co	~~Maryland~~ SCOTLAND	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hugh Clark	Margaret Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None 060 09 3824	Mrs. Isabelle Clark, Clarksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hour
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgess M. D. Ellicott City, Md.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12-18-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-22-54	MT ZION	HIGHLAND, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-19-54	Marie A. Whitaker	F. C. HIGINBOTHAM - ELLICOTT CITY Md	

RECEIVED
DEC 22 1953
BUREAU V. S.

11586

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11584 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trotter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural, give location) Trotter Road

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) (Last) COOLING

4. DATE OF DEATH (Month) (Day) (Year) 12-23-54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 1888

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House and Barn

11. BIRTHPLACE (State or foreign country): Guilford, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amoss Cooling

14. MOTHER'S MAIDEN NAME: Laura Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Matilda Cooling, Clarksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 15 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Diabetes Mellitus — 16 years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George L. Bungtop M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-27-54

NAME OF CEMETERY OR CREMATORY Balto. National

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. 12/26/1954

REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md

VS. A15A - 8 - 53

RECEIVED
JAN 3
BUREAU V. S.

Items 2-11-12-13-14-17 Film G174 12/17/54.

11585

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 190

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11587

1. PLACE OF DEATH: COUNTY Howard MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Washington Blvd U.S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkridge

STREET ADDRESS (If rural, give location) 6810 Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Raymond (Last) Davis

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 13, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Harry James Davis

14. MOTHER'S MAIDEN NAME: Dora Bernice Wonders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 61-12-6433

17. INFORMANT & ADDRESS: Mrs. Charles R. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/13/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 17-54

NAME OF CEMETERY OR CREMATORY Bedford Gen

LOCATION (City, town, or county) (State) Bedford Pa

DATE REC'D BY LOCAL REG. December 13 1954

REGISTRAR'S SIGNATURE (Miss) E. Bird Vilkins

24. FUNERAL DIRECTOR Dr. Reede Reedy 1646 Carroll Av.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
DEC 15 1934
BUREAU V. S.

12079

MARYLAND 11588

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Corner | LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Corner
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) — (Last) Dorsey

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 9 1885

9. AGE last birthday: 69 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Dorsey

14. MOTHER'S MAIDEN NAME: Mary Leatherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Grafton Dorsey - 1837 W. Pratt St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Angina Pectoris — Interval between onset and death: 3 da.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arterio-sclerosis — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, 1954 and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley Gribill M.D. ADDRESS Mt. Airy - Md DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12-22-54 | NAME OF CEMETERY OR CREMATORY Morgan Chapel | LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. Dec. 21, 1954. | REGISTRAR'S SIGNATURE Pearl Mercer | 24. FUNERAL DIRECTOR ADDRESS Ward Haight - Hyattsville, Md. Luther A. Haight - Hyattsville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1955
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11589 11586

CERTIFICATE OF DEATH

Item 14, Film G174, 12/10/58 -ey

Reg. Dist. No. .....

1 PLACE OF DEATH
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home Highland Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.
STREET ADDRESS (If rural give location) 5237 Chinquapin Parkway

3. NAME OF DECEASED: (Type or Print) (First) Mus (Middle) A. (Last) Munn

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1954

5 SEX: Female | 6 COLOR OR RACE: White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 12/28/1893 | 9. AGE last birthday 60 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housedress | 10B. KIND OF BUSINESS OR INDUSTRY: University Hospital | 11 BIRTHPLACE (State or foreign country): Balto. Md. | 12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Winkle | 14 MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

INTERVAL BETWEEN ONSET AND DEATH: Acut.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 1:A M, from the causes and on the date stated above.

SIGNATURE M. D. | ADDRESS 10371 Cedar St. | DATE SIGNED 12/4/54

23 BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/7/54 | NAME OF CEMETERY OR CREMATORY Ruth-Arul | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 12/6/54 | REGISTRAR'S SIGNATURE W. Mudrick | 24 FUNERAL DIRECTOR ADDRESS Polk Inc. 131 Dukes St

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11587

11590 CERTIFICATE OF DEATH Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shoffler Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HERMINE (Middle) (Last) EBERHARDT

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 5 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Xmas ornament decorator

10b. KIND OF BUSINESS OR INDUSTRY: Novelty Co.

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Bertha Kohayda, 812 Rosedale Ave Baltimore 6 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: (a) Hours (b) 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left sided hemiplegia 3 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-6 ,1954, to 12-23., 1954, that I last saw the deceased alive on 12-13 ., 1954, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE William R. Bruce (Degree or title) M.D. ADDRESS 520 Montgomery St. Laurel, Md DATE SIGNED 12-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 26 1954 NAME OF CEMETERY OR CREMATORY Savage Cemetery LOCATION (City, town, or county) (State) Savage Maryland

DATE REC'D BY LOCAL REGISTRAR 12-26-54 REGISTRAR'S SIGNATURE John B. Loughran mnt

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

VS. A15

U. S. DISTRICT COURT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11588

11591

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Friend Shop
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Friend Shop
STREET ADDRESS (If rural give location) Same

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) FULTON (Last) GARLAND

4. DATE OF DEATH: (Month) 12-22-54 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2/5/ 1877
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Garland
14. MOTHER'S MAIDEN NAME: Amanda Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Jesse Garland - Rockville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bilateral lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congestive heart failure — 1 year

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. generalized arteriosclerosis — several years

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 10 1953, to December 22 1954 that I last saw the deceased alive on December 22 1954, and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE Bertrand R Garr M.D. ADDRESS SYKESVILLE Md DATE SIGNED 12-23-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-26-54
NAME OF CEMETERY OR CREMATORY Seals
LOCATION (City, town, or county) (State) Etchison, Md

DATE REC'D BY LOCAL REGISTRAR 12/26/54
REGISTRAR'S SIGNATURE Alice W. Hebb per E.L.S.
24. FUNERAL DIRECTOR F.C?Higinbothom, Ellicott City, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

11592

11589 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Ellicott City Rural
STREET ADDRESS (If rural, give location): Manor Lane

3. NAME OF DECEASED: (Type or Print) (First) WILMA (Middle) LORRAINE (Last) KING

4. DATE OF DEATH (Month) December (Day) 9 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White		7-24-54	yrs.	4	15		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Olney, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James King
14. MOTHER'S MAIDEN NAME: Marlene Hostle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: James King, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Interstitial pneumonitis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.K. Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Dec. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-12-54	Good Shepherd	Ellicott City, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 11, 1954	John B. Loughman. Dep. R. & L.	F.C. Higinbothom, Ellicott City, Md

ik

207-20-2405

VS. A15A - 5 - 53

11593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11590

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kerger Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) Kerger Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible] 1895
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Dec 6 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-9-54
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Ellicott City, Md

DATE REC'D BY LOCAL REG. December 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00621

00620

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~and~~ give nearest town) TOWN Woodstock

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock

STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Dora	Lee	Platt	12	20	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		8-15-1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	In home	Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm Shifflett	Jennie Shifflett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Robert Platt, Woodstock, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Disease	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Decompensation	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 12/21/, 1954, that I last saw the deceased alive on 12/21/, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wm. E. Martin M.D.	Randallstown, Md	12/22/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-23-54	Good Shepherd	Ellicott City, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/23/54	[signature]	F.C. Higinbothom, Ellicott City, Md	

age is especially important. Physicians: please write the causes

RECEIVED
JAN 14 19[illegible]
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11591

11594 CERTIFICATE OF DEATH

Reg. Dist. No. 17

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalasant Home

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville, Md
STREET ADDRESS (If rural give location) #1 Linden Terrace

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) C. (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 7-8-1863
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Gettsburg Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Staub
14. MOTHER'S MAIDEN NAME: Catherine Codera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mary C. Cassat, 1 Linden Terrace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive CV disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs -

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1954, to Dec 3, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 1 H M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 103711 Colrest St DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Buried
DATE THEREOF: 12-6-54
NAME OF CEMETERY OR CREMATORY: Bonneaville Pa St Josephs
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: December 4 1954
REGISTRAR'S SIGNATURE: R. W.
24. FUNERAL DIRECTOR: Frank H. Newell
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11592

11595

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) Montgomery Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) WARREN STOUFFER Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Dec, 13, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: 7/29/1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: General Machine Shop

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles A. Stouffer

14. MOTHER'S MAIDEN NAME: ? Diaball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates) Spanish American

16. SOCIAL SECURITY NO. 217-01-4095

17. INFORMANT & ADDRESS: Warren Stouffer Jr. Montgomery Rd. Elkridge, 27, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROSIS DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BRONCHIECTASIS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1950, to 13 Dec., 1954, that I last saw the deceased alive on 12 Dec., 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE George E Gruber M. D. ADDRESS Elkridge 27 md DATE SIGNED 13 Dec 54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12/15/54

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Slacks Corner Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 13 1954

REGISTRAR'S SIGNATURE: Mrs E Bird Dillon

24. FUNERAL DIRECTOR: Easton Sons

ADDRESS: Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
DEC 14 1951
BUREAU V. S.

11596 **MARYLAND STATE DEPARTMENT OF HEALTH** 11593

Item 18&21 Film G175 1-5-55 ams

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard — Ellicott City — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 3318 W. Belverde Ave

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) James (Last) Walker
4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Feb 29th
9. AGE last birthday 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect. 3, A, A, A.
10b. KIND OF BUSINESS OR INDUSTRY Sect. 3, A, A, A.
11. BIRTHPLACE (State or foreign country) Calaforina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Walker
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219.01.4244
17. INFORMANT AND ADDRESS Mrs E. Gralick 3318 W. Belverde Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial asthma — ?

II (c) Fracture of hip — 2 [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Baltimore — (COUNTY) — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) ? 1949 m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from 12-13, 19[illegible], to 12-20, 19[illegible], that I last saw the deceased alive on 1-19, 1954, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] — ADDRESS 163711 [illegible] St — DATE SIGNED 12-[illegible]

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) Cremation — DATE THEREOF Dec. 22nd 1954 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Greenmount & Oliver St (State)
DATE REC'D BY LOCAL REG. 12-21-54 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Leo G. Cook — ADDRESS 1701-03 N. Patterson Park Ave

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Leon Kochman 1037, N. Calvert St

11594

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11597 **CERTIFICATE OF DEATH** Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY ~~HARFORD~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: ELLICOTT CITY
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HIGHLAND MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED: Howard
STATE MD. COUNTY ~~HARFORD~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELLICOTT CITY
STREET ADDRESS (If rural, give location): HIGHLAND MANOR

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): GEORGE WARNEKE

4. DATE OF DEATH: (Month) (Day) (Year): DEC 11 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: DEC. 27-1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: EASTERN STAIN
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS FRANK HOWELLS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1
Immediate cause (a) Arteriosclerotic CV disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs ?
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Dec 11, 1954, that I last saw the deceased alive on Dec 11, 1954, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: [signature] 10374 Colvert St — DATE SIGNED: 12/14/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: DEC 14-1954
NAME OF CEMETERY OR CREMATORY: MT CARMEL
LOCATION (City, town, or county) (State): ODONNELL MD.

DATE REC'D BY LOCAL REG.: 12-14-54
REGISTRAR'S SIGNATURE: A.W.Hedrich
24. FUNERAL DIRECTOR: John G Connelly. ADDRESS: 418 Eastern Ave Essex 21 Md.

dmr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

11595

11598

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAVAGE
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) 14 Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EDWARD (Last) WATERS
4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 11, 1914
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: odd jobs
11. BIRTHPLACE (State or foreign country): Savage, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. M. Waters
14. MOTHER'S MAIDEN NAME: Katie B. Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 214-12-0608
17. INFORMANT & ADDRESS: L. M. Waters, Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9768

Immediate cause (a) Shot gun wound of skull — INTERVAL BETWEEN ONSET AND DEATH: instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) SAVAGE (County) HOWARD (State) Md.

21d. TIME OF INJURY (Month) 12 (Day) 12 (Year) 1954 (Hour) 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Lying in Bed Shot self in bed with Shot gun

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Bingtorf M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/12/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/14/54
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage, Maryland

DATE REC'D BY LOCAL REG. 12/14/54
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson, ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC 20 1954
BUREAU V.